

109TH CONGRESS  
2D SESSION

# S. 2990

To amend title XVIII of the Social Security Act to restore financial stability to Medicare anesthesiology teaching programs for resident physicians.

---

## IN THE SENATE OF THE UNITED STATES

MAY 23, 2006

Mr. VITTER (for himself, Mr. DEWINE, Mr. MARTINEZ, Mr. COBURN, Mr. DOMENICI, Mr. TALENT, Mr. BURR, Ms. SNOWE, Mrs. DOLE, and Mr. KYL) introduced the following bill; which was read twice and referred to the Committee on Finance

---

## A BILL

To amend title XVIII of the Social Security Act to restore financial stability to Medicare anesthesiology teaching programs for resident physicians.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Teaching An-  
5 esthesiology Funding Restoration Act of 2006”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The current Medicare payment policy for  
9 Medicare beneficiary services furnished by academic

1       anesthesiology programs administered by the Cen-  
2       ters for Medicare & Medicaid Services (CMS) is un-  
3       fair and underpays such programs by 50 percent. In  
4       its 1991 rule change, CMS singled out academic an-  
5       esthesiology programs alone for a reduction in pay-  
6       ment when teaching anesthesiologists supervise resi-  
7       dents in two concurrent cases. This policy change  
8       was unique to anesthesiology and does not affect  
9       other medical specialties or non-physician providers.

10       (2) The current Medicare payment policy ad-  
11       ministered by CMS for academic anesthesiology pro-  
12       grams is causing significant harm to academic anes-  
13       esthesiology programs nationwide by contributing to  
14       an overall decline in the number of such programs.  
15       Before the current policy went into effect in 1994,  
16       there were 162 academic anesthesiology programs  
17       nationwide. Today, 130 academic anesthesiology pro-  
18       grams exist. As such programs close, medical stu-  
19       dents will face diminished opportunities to enter the  
20       specialty of anesthesiology and patients in the  
21       United States will see increased shortages in anes-  
22       esthesiology medical care in the operating room and  
23       pain clinics and through critical care medicine.

24       (3) The current Medicare payment policy ad-  
25       ministered by CMS for academic anesthesiology pro-

1       grams is shortchanging academic anesthesiology pro-  
2       grams an average of \$400,000 annually, with some  
3       programs losing in excess of \$1 million. As such  
4       Medicare payment decreases continue, academic an-  
5       esthesiology programs are experiencing increasing  
6       difficulty filling faculty appointments and sustaining  
7       research and development of new advances in anes-  
8       thesiology medical care that have previously contrib-  
9       uted to its outstanding patient safety record.

10 **SEC. 3. PURPOSE.**

11       The purpose of this Act is to restore the Medicare  
12       payment policy for academic anesthesiology programs to  
13       the policy administered by the Centers of Medicare & Med-  
14       icaid Services before 1994 in order to—

15               (1) ensure the financial stability of academic  
16       anesthesiology programs in order to provide suffi-  
17       cient opportunities for physician residents to pursue  
18       the specialty of anesthesiology, so that patients con-  
19       tinue to have access to quality medical care in the  
20       operating room and pain clinics and through critical  
21       care medicine; and

22               (2) enable the specialty of anesthesiology to  
23       continue making advances in patient safety through  
24       research based in academic programs.

1 **SEC. 4. SPECIAL PAYMENT RULE FOR TEACHING ANESTHE-**  
 2 **SIOLOGISTS.**

3 Section 1848(a) of the Social Security Act (42 U.S.C.  
 4 1395w-4(a)) is amended—

5 (1) in paragraph (4)(A), by inserting “except as  
 6 provided in paragraph (5),” after “anesthesia  
 7 cases,”; and

8 (2) by adding at the end the following new  
 9 paragraph:

10 “(5) SPECIAL RULE FOR TEACHING ANES-  
 11 THESIOLOGISTS.—With respect to physicians’  
 12 services furnished on or after January 1, 2007,  
 13 in the case of teaching anesthesiologists in-  
 14 volved in the training of physician residents in  
 15 a single anesthesia case or two concurrent anes-  
 16 thesia cases, the fee schedule amount to be ap-  
 17 plied shall be 100 percent of the fee schedule  
 18 amount otherwise applicable under this section  
 19 if the anesthesia services were personally per-  
 20 formed by the teaching anesthesiologist alone  
 21 and paragraph (4) shall not apply if—

22 “(A) the teaching anesthesiologist is  
 23 present during all critical or key portions  
 24 of the anesthesia service or procedure in-  
 25 volved; and

1                   “(B) the teaching anesthesiologist (or  
2                   another anesthesiologist with whom the  
3                   teaching anesthesiologist has entered into  
4                   an arrangement) is immediately available  
5                   to furnish anesthesia services during the  
6                   entire procedure.”.

○